



DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
WASHINGTON, DC 20227

February 6, 2018

Austin R. Evers/Cerissa Cafasso
American Oversight
1030 15th Street NW, Suite B255
Washington, DC 20005

RE: FOIA #2017-11-228 and 2017-11-229

Sent via email at: foia@americanoversight.org

Dear Mr. Evers and Ms. Cafasso:

This is in response to your two Freedom of Information Act (FOIA) requests that were referred to our office from the Treasury Department on November 24, 2017, seeking:

FOIA #2017-11-228 -

“A copy of any final settlement agreement consent decree, or other arrangement resolving a matter in litigation with any of the 74 plaintiffs in the 13 federal cases concerning contraception coverage who have reported to settle legal actions against your agency.

The search may be limited to:

- The immediate Office of the General Counsel, including the General Counsel, Principal Deputy General Counsel, Deputy General Counsels, Counselors, Senior Advisors, and any political appointees;
- The Assistant General Counsel for General Law, Ethics, and Regulation;
- The Bureau of Fiscal Service; and
- All political appointees, contractors, and career SES employees in the Immediate Office of the Secretary.

Please provide all responsive records from January 20, 2017, through the date the search is conducted.

In addition to the records requested above, American Oversight also requests records describing the processing of this request, including records sufficient to identify search terms used and locations and custodians searched and any tracking sheets used to track the processing of this request. If Treasury uses FOIA questionnaires or certifications completed by individual custodians or components to determine whether they possess responsive materials or to describe how they conducted searches, we also request any such records prepared in connection with the processing of this request.”

FOIA #2017-11-229 -

“1. All communications with any plaintiff in any of the 74 plaintiffs in the 13 federal cases concerning contraception coverage who have reported to settle or resolve legal actions against your agency that (a) request the federal government compensate the plaintiff for attorneys fee and costs or (b) provide any support to justify any request for fees and costs, including any information regarding the amount of fees and costs incurred or the legal basis upon which the federal government might be obligated to cover a plaintiff’s fees and costs.

2. Records sufficient to identify the amount and source of any funds paid or scheduled to be paid to plaintiffs to compensate them for costs and fees as part of the settlement of cases responsive to Item 1.

3. All emails sent to or received from an address not ending in .gov discussing, regarding, or relating to the Interim Final Rule regarding Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act.

4. All emails sent to or received from an address not ending in .gov discussing, regarding, or relating to the Interim Final Rule regarding Moral Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act.

The search may be limited to:

- The immediate Office of the General Counsel, including the General Counsel, Principal Deputy General Counsel, Deputy General Counsels, Counselors, Senior Advisors, and any political appointees;
- The Assistant General Counsel for General Law, Ethics, and Regulation;
- The Bureau of Fiscal Service; and
- All political appointees, contractors, and career SES employees in the Immediate Office of the Secretary.

Please provide all responsive records from January 20, 2017, through the date the search is conducted.

In addition to the records requested above, American Oversight also requests records describing the processing of this request, including records sufficient to identify search terms used and locations and custodians searched and any tracking sheets used to track the processing of this request. If Treasury uses FOIA questionnaires or certifications completed by individual custodians or components to determine whether they possess responsive materials or to describe how they conducted searches, we also request any such records prepared in connection with the processing of this request.”

Fiscal Service has completed a search of our records and we have located 27 pages that are responsive to your requests. Some information is being withheld under FOIA Exemptions (b)(4) and (b)(6). Exemption (b)(4) protects “trade secrets and commercial or financial information obtained from a person (that is) privileged or confidential.” Exemption (b)(6) permits the government to withhold all information about individuals in “personnel and medical files and similar files” when the disclosure of such information “would constitute a clearly unwarranted invasion of personal privacy.”

If you consider this response to be a partial denial of one or both of your FOIA requests, you have the right to administratively appeal the partial denial within 90 days from the date of this letter. Your appeal must be in writing, must be signed by you, and should contain the reason(s) why you are appealing. Your appeal should be addressed to:

U.S. Department of the Treasury
Bureau of the Fiscal Service
FOIA APPEAL
401 Fourteenth Street SW
Room 508B
Washington, D.C. 20227

Both your letter and its envelope should be clearly marked “Freedom of Information Act Appeal.” The deciding official on your appeal will be the Fiscal Service Commissioner or her designee. Please include your FOIA identification number on all related correspondence.

We hope this information will assist you.

Sincerely,

Denise Nelson
Co-Disclosure Officer

cc: FOIA Files



Case Information

Date Submitted: 11/16/2017
Case Name: Jones Day v. Burwell
Docket Number: 145-16-7097
Case Under Seal: N
Structured Settlement: N
Government Pursued Unsuccessful Appeal: N
Jurisdiction: U.S. District Court
USDC: New York - Eastern
Citation Code: 42-USC-1988
Case Type: Civil Rights - Attorney Fees
Total Award: \$3,000,000.00
Brief description of facts giving rise to case: Attorney's fees and costs for prevailing party in 16 cases challenging Affordable Care Act's contraceptive coverage requirement.
Reimbursement Type: None
(CDA, No FEAR)

Claimant Number: 1

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Roman Catholic Archdiocese of New York
Insurance Company: N (Yes or No)
First Name: Roman Catholic
Last Name: Archdiocese of New York
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 2

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Catholic Diocese Rockville Centre, N.Y.
Insurance Company: N (Yes or No)
First Name: Roman Catholic
Last Name: Diocese of Rockville Centre
SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 3

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Health Care System

Insurance Company: N (Yes or No)

First Name: Catholic Health

Last Name: Care System

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 4

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Health Services of Long Island

Insurance Company: N (Yes or No)

First Name: Catholic Health

Last Name: Services of Long Island

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 5

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Cardinal Spellman High School

Insurance Company: N (Yes or No)

First Name: Cardinal Spellman

Last Name: High School

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 6

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

TREAS-17-0461-A-000002

Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Monsignor Farrell High School
Insurance Company: N (Yes or No)
First Name: Monsignor Farrell
Last Name: High School
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 7

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): b(6)
Insurance Company: N (Yes or No)
First Name: b(6)
MI: b(6)
Last Name: b(6)
SSN/EIN b(6)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 8

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Catholic Charities Diocese Pitts., Inc.
Insurance Company: N (Yes or No)
First Name: Catholic Charities
Last Name: of Diocese of Pittsburgh, Inc.
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 9

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Roman Catholic Diocese of Pittsburgh
Insurance Company: N (Yes or No)
First Name: Roman Catholic
Last Name: Diocese of Pittsburgh
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 10

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): b(6)

Insurance Company: N (Yes or No)

First Name: b(6)

MI: b(6)

Last Name: b(6)

SSN/EIN b(6)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 11

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Roman Catholic Diocese of Erie

Insurance Company: N (Yes or No)

First Name: Roman Catholic

Last Name: Diocese of Erie

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 12

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): St. Martin Center, Inc.

Insurance Company: N (Yes or No)

First Name: St. Martin

Last Name: Center, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 13

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

TREAS-17-0461-A-000004

Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Prince of Peace Center, Inc.
Insurance Company: N (Yes or No)
First Name: Prince of Peace
Last Name: Center, Inc.
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 14

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Erie Catholic Preparatory School
Insurance Company: N (Yes or No)
First Name: Erie Catholic
Last Name: Preparatory School
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 15

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): b(6)
Insurance Company: N (Yes or No)
First Name: b(6)
Last Name: b(6)
SSN/EIN b(6)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 16

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): b(6)
Insurance Company: N (Yes or No)
First Name: b(6)
Last Name: b(6)
SSN/EIN b(6)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 17

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Diocese of Greensburg
Insurance Company: N (Yes or No)
First Name: Diocese of
Last Name: Greensburg
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 18

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Catholic Charities Diocese of Greensburg
Insurance Company: N (Yes or No)
First Name: Catholic Charities
Last Name: of the Diocese of Greensburg
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 19

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): St. John Evangelist Reg'l Catholic Sch.
Insurance Company: N (Yes or No)
First Name: St. John Evangelist
Last Name: Regional Catholic School
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 20

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Catholic Diocese of Beaumont
Insurance Company: N (Yes or No)

First Name: Catholic Diocese
Last Name: of Beaumont
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 21

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Catholic Charities of Southeast Texas
Insurance Company: N (Yes or No)
First Name: Catholic Charities
Last Name: of Southeast Texas
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 22

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Catholic Charities of Fort Worth, Inc
Insurance Company: N (Yes or No)
First Name: Catholic Charities
Last Name: Diocese of Fort Worth, Inc
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 23

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): University of Dallas
Insurance Company: N (Yes or No)
First Name: University
Last Name: of Dallas
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 24

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Diocese of Biloxi, Inc.

Insurance Company: N (Yes or No)

First Name: Catholic Diocese

Last Name: of Biloxi, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 25

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Resurrection Catholic School

Insurance Company: N (Yes or No)

First Name: Resurrection

Last Name: Catholic School

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 26

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Sacred Heart Catholic School

Insurance Company: N (Yes or No)

First Name: Sacred Heart

Last Name: Catholic School

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 27

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): De L'Eppe Deaf Center, Inc.

Insurance Company: N (Yes or No)

First Name: De L'Eppe

Last Name: Deaf Center, Inc.

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SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 28

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Soc & Cmty Servs Inc of Biloxi

Insurance Company: N (Yes or No)

First Name: Catholic Social &

Last Name: Cmty Servs., Inc. of Biloxi

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 29

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Diocese of Jackson

Insurance Company: N (Yes or No)

First Name: Catholic Diocese

Last Name: of Jackson

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 30

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): b(6)

Insurance Company: N (Yes or No)

First Name: b(6)

Last Name: b(6)

SSN/EIN b(6)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 31

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

TREAS-17-0461-A-000009

Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Vicksburg Catholic School, Inc.
Insurance Company: N (Yes or No)
First Name: Vicksburg
Last Name: Catholic School, Inc.
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 32

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): St. Joseph Catholic School
Insurance Company: N (Yes or No)
First Name: St. Joseph
Last Name: Catholic School
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 33

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Catholic Charities, Inc. of Jackson
Insurance Company: N (Yes or No)
First Name: Catholic Charities,
Last Name: Inc. of Jackson
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 34

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): St. Dominic-Jackson Memorial Hospital
Insurance Company: N (Yes or No)
First Name: St. Dominic-Jackson
Last Name: Memorial Hospital
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 35

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Diocese of Nashville

Insurance Company: N (Yes or No)

First Name: Catholic Diocese

Last Name: of Nashville

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 36

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Charities of Tennessee, Inc.

Insurance Company: N (Yes or No)

First Name: Catholic Charities

Last Name: of Tennessee, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 37

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Camp Marymount, Inc.

Insurance Company: N (Yes or No)

First Name: Camp

Last Name: Marymount, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 38

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

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Company Name (if applicable): St. Mary Villa, Inc.

Insurance Company: N (Yes or No)

First Name: St. Mary

Last Name: Villa, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 39

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Mary, Queen of Angels, Inc.

Insurance Company: N (Yes or No)

First Name: Mary, Queen

Last Name: of Angels, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 40

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): St. Cecilia Congregation

Insurance Company: N (Yes or No)

First Name: St. Cecilia

Last Name: Congregation

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 41

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Aquinas College

Insurance Company: N (Yes or No)

First Name: Aquinas

Last Name: College

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 42

TREAS-17-0461-A-000012

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Michigan Catholic Conference

Insurance Company: N (Yes or No)

First Name: Michigan

Last Name: Catholic Conference

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 43

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Family Services

Insurance Company: N (Yes or No)

First Name: Catholic Charities

Last Name: Diocese of Kalamazoo

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 44

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): University of Notre Dame

Insurance Company: N (Yes or No)

First Name: University of

Last Name: Notre Dame

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 45

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Diocese of Fort Wayne-South Bend, Inc.

Insurance Company: N (Yes or No)

TREAS-17-0461-A-000013

First Name: Diocese of Fort
Last Name: Wayne-South Bend, Inc.
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 46

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Catholic Charities Fort Wayne-S. Bend
Insurance Company: N (Yes or No)
First Name: Catholic Charities
Last Name: Fort Wayne-S. Bend Inc
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 47

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): St. Anne Home Fort Wayne-S. Bend, Inc
Insurance Company: N (Yes or No)
First Name: St. Anne Home
Last Name: Diocese Fort Wayne-S. Bend
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 48

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Franciscan Alliance, Inc.
Insurance Company: N (Yes or No)
First Name: Franciscan
Last Name: Alliance, Inc.
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 49

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Specialty Physicians of Illinois, LLC

Insurance Company: N (Yes or No)

First Name: Specialty Physicians

Last Name: of Illinois, LLC

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 50

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Univ Saint Francis Fort Wayne, IN, Inc

Insurance Company: N (Yes or No)

First Name: Univ Saint Francis

Last Name: Fort Wayne, IN, Inc

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 51

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Our Sunday Visitor, Inc.

Insurance Company: N (Yes or No)

First Name: Our Sunday

Last Name: Visitor, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 52

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Archdiocese of St. Louis

Insurance Company: N (Yes or No)

First Name: Archdiocese

Last Name: of St. Louis

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 53

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Charities of St. Louis

Insurance Company: N (Yes or No)

First Name: Catholic Charities

Last Name: of St. Louis

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 54

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Diocese of Cheyenne

Insurance Company: N (Yes or No)

First Name: Diocese of

Last Name: Cheyenne

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 55

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Charities of Wyoming

Insurance Company: N (Yes or No)

First Name: Catholic Charities

Last Name: of Wyoming

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 56

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

TREAS-17-0461-A-000016

Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): St. Joseph's Children's Home
Insurance Company: N (Yes or No)
First Name: St. Joseph's
Last Name: Children's Home
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 57

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): St. Anthony Tri-Parish School
Insurance Company: N (Yes or No)
First Name: St. Anthony's
Last Name: Tri-Parish Catholic School
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 58

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Wyoming Catholic College
Insurance Company: N (Yes or No)
First Name: Wyoming
Last Name: Catholic College
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 59

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Archdiocese of ATL Churches & Schools
Insurance Company: N (Yes or No)
First Name: Archdiocese of
Last Name: ATL Churches & Schools
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 60

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): b(6)

Insurance Company: N (Yes or No)

First Name: b(6)

MI: b(6)

Last Name: b(6)

SSN/EIN b(6)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 61

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Educ of North Georgia, Inc.

Insurance Company: N (Yes or No)

First Name: Catholic Education

Last Name: of North Georgia, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 62

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Catholic Charities Archdiocese ATL Inc

Insurance Company: N (Yes or No)

First Name: Catholic Charities

Last Name: Archdiocese of Atlanta, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 63

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

TREAS-17-0461-A-000018

Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Roman Catholic Diocese of Savannah
Insurance Company: N (Yes or No)
First Name: Roman Catholic
Last Name: Diocese of Savannah
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 64

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): b(6)
Insurance Company: N (Yes or No)
First Name: b(6)
MI: b(6)
Last Name: b(6)
SSN/EIN b(6)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 65

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Roman Catholic Archbishop of Washington
Insurance Company: N (Yes or No)
First Name: b(6)
MI: b(6)
Last Name: b(6)
SSN/EIN b(6)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 66

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Consortium Academies Archdiocese of Wash
Insurance Company: N (Yes or No)
First Name: Consortium Catholic
Last Name: Academies Archdiocese of Wash
SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 67

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Archbishop Carroll High School, Inc.

Insurance Company: N (Yes or No)

First Name: Archbishop Carroll

Last Name: High School, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 68

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Don Bosco Cristo Rey High School of Wash

Insurance Company: N (Yes or No)

First Name: Don Bosco Cristo Rey

Last Name: High School of Washington, Inc

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 69

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

Party Entitled to Payment: Y (Yes or No)

Company Name (if applicable): Mary of Nazareth Elementary Sch, Inc.

Insurance Company: N (Yes or No)

First Name: Mary of Nazareth

Last Name: Elementary School, Inc.

SSN/EIN b(4)

(Required if Party Entitled to Payment is 'Yes'):

Country: United States of America

Claimant Number: 70

Claimant Type: Claimant

(Claimant, Claimant's Attorney, or Claimant Agency)

Payee: N (Yes or No)

TREAS-17-0461-A-000020

Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Catholic Charities Archdiocese of Wash
Insurance Company: N (Yes or No)
First Name: Catholic Charities
Last Name: Archdiocese of Washington, Inc
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 71

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Victory Housing, Inc.
Insurance Company: N (Yes or No)
First Name: Victory
Last Name: Housing, Inc.
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 72

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): The Catholic Information Center, Inc.
Insurance Company: N (Yes or No)
First Name: Catholic Information
Last Name: Center, Inc.
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 73

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): The Catholic University of America
Insurance Company: N (Yes or No)
First Name: Catholic University
Last Name: of America
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 74

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Thomas Aquinas College
Insurance Company: N (Yes or No)
First Name: Thomas
Last Name: Aquinas College
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 75

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: N (Yes or No)
Party Entitled to Payment: Y (Yes or No)
Company Name (if applicable): Franciscan University of Steubenville
Insurance Company: N (Yes or No)
First Name: Franciscan
Last Name: University of Steubenville
SSN/EIN b(4)
(Required if Party Entitled to Payment is 'Yes'):
Country: United States of America

Claimant Number: 76

Claimant Type: Claimant
(Claimant, Claimant's Attorney, or Claimant Agency)
Payee: Y (Yes or No)
Party Entitled to Payment: N (Yes or No)
Company Name (if applicable): Roman Catholic Archdiocese of New York
Insurance Company: N (Yes or No)
First Name: Roman Catholic
Last Name: Archdiocese of New York
Country: United States of America

Agency Number: 1

Agency Name: Department of Health and Human Services
Agency File Number: 145-16-7097
Agency Location State: DC
Agency Type: Responsible
(Submitting, Responsible, and/or Reimbursing.
If Reimbursing, 'Contact Person' information is required.)

Email: lonnee.t.brooks@usdoj.gov

TREAS-17-0461-A-000022

Country: United States of America

Agency Number: 2

Agency Name: Department of Justice

Agency File Number: 145-16-7097

Agency Location State: DC

Agency Type: Submitting

(Submitting, Responsible, and/or Reimbursing.
If Reimbursing, 'Contact Person' information is required.)

Submitting Agency Approval Official

Name: Jennifer Ricketts

Title: Director, Federal Programs Branch

Phone Number: (202) 514-3671 **Ext:**

Contact Person

First Name: Lonnee

Last Name: Brooks

Email: lonnee.t.brooks@usdoj.gov

Country: United States of America

Payment Number: 1

Party Entitled to Payment: Aquinas College	SSN/EIN: b(4)
Party Entitled to Payment: Archbishop Carroll High School, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: b(6)	SSN/EIN: b(6)
Party Entitled to Payment: Archdiocese of ATL Churches & Schools	SSN/EIN: b(4)
Party Entitled to Payment: Archdiocese of St. Louis	SSN/EIN: b(4)
Party Entitled to Payment: Bishop & CEO Catholic of Diocese Jackson	SSN/EIN: b(4)
Party Entitled to Payment: Camp Marymount, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Cardinal Spellman High School	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Charities Archdiocese ATL Inc	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Charities Archdiocese of Wash	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Charities Diocese of Greensburg	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Charities Diocese Pitts., Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Charities Fort Wayne-S. Bend	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Charities of Fort Worth, Inc	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Charities of Southeast Texas	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Charities of St. Louis	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Charities of Tennessee, Inc.	SSN/EIN: b(4)

TREAS-17-0461-A-000023

Party Entitled to Payment: Catholic Charities of Wyoming	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Charities, Inc. of Jackson	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Diocese of Beaumont	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Diocese of Biloxi, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Diocese of Jackson	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Diocese of Nashville	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Diocese Rockville Centre, N.Y.	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Educ of North Georgia, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Family Services	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Health Care System	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Health Services of Long Island	SSN/EIN: b(4)
Party Entitled to Payment: Catholic Soc & Cmty Servs Inc of Biloxi	SSN/EIN: b(4)
Party Entitled to Payment: Consortium Academies Archdiocese of Wash	SSN/EIN: b(4)
Party Entitled to Payment: De L'Eppe Deaf Center, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Diocese of Cheyenne	SSN/EIN: b(4)
Party Entitled to Payment: Diocese of Fort Wayne-South Bend, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Diocese of Greensburg	SSN/EIN: b(4)
Party Entitled to Payment: Don Bosco Cristo Rey High School of Wash	SSN/EIN: b(4)
Party Entitled to Payment: Erie Catholic Preparatory School	SSN/EIN: b(4)
Party Entitled to Payment: Franciscan Alliance, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Franciscan University of Steubenville	SSN/EIN: b(4)
Party Entitled to Payment: Mary of Nazareth Elementary Sch, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Mary, Queen of Angels, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Michigan Catholic Conference	SSN/EIN: b(4)
Party Entitled to Payment: Monsignor Farrell High School	SSN/EIN: b(4)
Party Entitled to Payment: b(6)	SSN/EIN: b(6)
Party Entitled to Payment: b(6)	SSN/EIN: b(6)
Party Entitled to Payment: b(6)	SSN/EIN: b(6)
Party Entitled to Payment: b(6)	SSN/EIN: b(6)
Party Entitled to Payment: b(6)	SSN/EIN: b(6)
Party Entitled to Payment: Our Sunday Visitor, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Prince of Peace Center, Inc.	SSN/EIN: b(4)
Party Entitled to Payment: Resurrection Catholic	SSN/EIN: b(4)

	School	
Party Entitled to Payment:	Roman Catholic Archbishop of Washington	SSN/EIN: b(4)
Party Entitled to Payment:	Roman Catholic Archdiocese of New York	SSN/EIN: b(4)
Party Entitled to Payment:	Roman Catholic Diocese of Erie	SSN/EIN: b(4)
Party Entitled to Payment:	Roman Catholic Diocese of Pittsburgh	SSN/EIN: b(4)
Party Entitled to Payment:	Roman Catholic Diocese of Savannah	SSN/EIN: b(4)
Party Entitled to Payment:	Sacred Heart Catholic School	SSN/EIN: b(4)
Party Entitled to Payment:	Specialty Physicians of Illinois, LLC	SSN/EIN: b(4)
Party Entitled to Payment:	St. Anne Home Fort Wayne-S. Bend, Inc	SSN/EIN: b(4)
Party Entitled to Payment:	St. Anthony Tri-Parish School	SSN/EIN: b(4)
Party Entitled to Payment:	St. Cecilia Congregation	SSN/EIN: b(4)
Party Entitled to Payment:	St. Dominic-Jackson Memorial Hospital	SSN/EIN: b(4)
Party Entitled to Payment:	St. John Evangelist Reg'l Catholic Sch.	SSN/EIN: b(4)
Party Entitled to Payment:	St. Joseph's Children's Home	SSN/EIN: b(4)
Party Entitled to Payment:	St. Joseph Catholic School	SSN/EIN: b(4)
Party Entitled to Payment:	St. Martin Center, Inc.	SSN/EIN: b(4)
Party Entitled to Payment:	St. Mary Villa, Inc.	SSN/EIN: b(4)
Party Entitled to Payment:	The Catholic Information Center, Inc.	SSN/EIN: b(4)
Party Entitled to Payment:	The Catholic University of America	SSN/EIN: b(4)
Party Entitled to Payment:	Thomas Aquinas College	SSN/EIN: b(4)
Party Entitled to Payment:	Univ Saint Francis Fort Wayne, IN, Inc	SSN/EIN: b(4)
Party Entitled to Payment:	University of Dallas	SSN/EIN: b(4)
Party Entitled to Payment:	University of Notre Dame	SSN/EIN: b(4)
Party Entitled to Payment:	Vicksburg Catholic School, Inc.	SSN/EIN: b(4)
Party Entitled to Payment:	Victory Housing, Inc.	SSN/EIN: b(4)
Party Entitled to Payment:	Wyoming Catholic College	SSN/EIN: b(4)

Case Type: Civil Rights - Attorney Fees

Citation Code: 42-USC-1988 Civil Rights - Attorney Fees

Appropriation Code: 20X1741

Principal: \$3,000,000.00

Total Amount: \$3,000,000.00

BETC: DISB

Comments: The full account name is "Jones Day Operating Account"

Payment Method

Electronic Funds Transfer (EFT):

Account Name: Jones Day Operati Aqu
Account Number: b(4)
ABA Routing Number: b(4)
Account Type: Checking

Financial Institution Name: PNC Bank, NA
Financial Institution City: Pittsburgh
Financial Institution State: PA

Comments

Internal Comments:

11/29/2017 Analyst SMF Reject

Claimant pg: Add Day Jones as claimant atty & make payee, delete #76 Roman Catholic Arch of NY (shouldn't be payee), add b(6), questions call Shawn Farrah 304-480-6346.

External Comments:

11/29/2017 Analyst SMF Reject

Claimant pg: Add Day Jones as claimant atty & make payee, delete #76 Roman Catholic Arch of NY (shouldn't be payee), add b(6), questions call Shawn Farrah 304-480-6346.

Acceptance by Claimants:

NOTE: For use ONLY where the settlement is (i) for cash, (ii) in an amount that does not exceed \$200,000, and (iii) a court order approving the settlement is not warranted. For all other situations, a final judgment or a standard Department of Justice Stipulation For Compromise Settlement And Release must be submitted.

Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

(SIGN ORIGINAL ONLY)

Date: _____

(Claimant(s) sign above)

AGENCY APPROVING OFFICIAL: This claim has been fully examined in accordance with Statutory Citation _____ and approved in the amount of \$_____.

TREAS-17-0461-A-000026

Authorized Signature: _____

Title: _____

Date: _____

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